MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37356

File No. .....

Registered No. 9993

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 4139 A, Cleveland Avenue St. ..... Ward)

2. FULL NAME Samuel A. Imboden

(a) Residence, No. 4139 A Cleveland Ave St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF [redacted] Cora Imboden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Cora M. Imboden
(ADDRESS) 4139a Cleveland Avenue

18. BURIAL, [redacted]
PLACE Lesterville Mo. DATE 11/12 1932

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 1031 Kingshighway

20. FILED NOV 12 1932 Mary C. Vandell
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/13, 1932, to 11/11, 1932

I last saw h. ~~him~~ alive on 11/10, 1932. Death is said to have occurred on the date stated above, at 5.40AM

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset

Sep 13
Oct
Nov 8 LA

Apoplectic

Other contributory causes of importance:
Hypertension, Right (1930)
Hyperten.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Franz Gopf, M. D.

(Address) 607 N. Grand

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.